



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

City of Hospital: Fort Wayne

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Ken Garmenn

Email Address: kenneth.garmenn@parkview.com

Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$211023353
Outpatient Patient Service Revenue	\$120754525
Total Gross Patient Service Revenue	\$331777878

2. Deductions From Revenue

Contractual Allowance	\$208862462
Other Deductions	\$651816
Total Deductions	\$209514278

3. Total Operating Revenue

Net Patient Service Revenue	\$122263600
Other Operating Revenue	\$2929324
Total Operating Revenue	\$125192924

4. Operating Expenses

Salaries and Wages	\$13928915	Employee Benefits	\$4402970
Depreciation and Amortization	\$2477224	Interest Expense	\$702739
Bad Debt	\$1081276	Other Expenses	\$46103221
Total Operating Expenses	\$68696345		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$56496579	Total Assets	\$37785932
Net Non-operating Gains over Loss	\$-28378	Total Liabilities	\$23710263

Total Net Gains	\$56468201
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$141637194	\$118335327	\$23301867
Medicaid	\$29053760	\$25350068	\$3703692
Other Government	\$9399313	\$6425036	\$2974277
Other State	\$0	\$0	\$0
Other Payers	\$151687611	\$59403847	\$92283764
Total	\$331777878	\$209514278	\$122263600

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$121716	
HCI Payments	\$0		
Subtotal	\$0	\$121716	\$-121716
Medicaid Shortfalls	\$3703692	\$5328460	
Subtotal	\$3703692	\$5450176	\$-1746484
DSH Payments	\$0		
Subtotal	\$3703692	\$5450176	\$-1746484
Medicare Shortfalls	\$23301867	\$25976261	
Other Government Programs	\$0	\$0	
Total	\$27005559	\$31426437	\$-4420878

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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